



**EMPLOYEE
CERTIFICATION
FOR WORK ON FEDERAL
CONTRACT/GRANT
PROGRAMS**

This certifies that the following is a true and correct statement of compensation for salaries and wages under a federal contract/grant program for the Walker River Paiute Tribe.

EMPLOYEE NAME: Corey Tom SSN: M/A

Department: Environmental

Position Title: Air Quality Technician

POSITION PAID FROM FOLLOWING:

Federal Agency: EPA

Federal Program Name: Tribal Clean Air Act

Contract/Grant No. TX-99T01101-0

Award/Acct. Number: _____

Grant Period: 10/01/2013 - 9/30/2014

Period Covered by Certification: 10/01/2013 - 3/31/2014

I certify that the above is true to the best of my knowledge and belief, and that my compensation for the above position was/is based upon my work solely for the program listed above.

Employee Signature Corey Tom Date 3/31/2014 on medical leave
4/01/2014
TO
6/1/2014

Program Director Randall J. [Signature] Date 10-26-15

Note: Copies of this completed form must be submitted to Payroll and Personnel on a semi-annual or updated as needed pursuant to A-133 Federal Requirements.